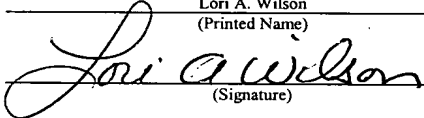


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Michael Troy Winslett, et al
Title: EXTENDED ROTARY
HANDLE OPERATOR
Appl. No.: Unknown
Filing Date: 02/11/04
Examiner: Unknown
Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EL 979073046 US (Express Mail Label Number)	2/11/04 (Date of Deposit)
Lori A. Wilson (Printed Name)	
 (Signature)	

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Michael Troy Winslett
5090 Riverlake Drive
Fairburn, GA 30213

W. Dale Robbins
4844 Riveredge Cove
Snellville, GA 30039

Enclosed are:

- ☒ [X] Specification, Claim(s), and Abstract (12 pages).
- ☒ [X] Formal drawings (5 sheets, Figures 1, 2, 3, 4, 5, 6, 7, 8).
- ☒ [X] Declaration and Power of Attorney (4 pages).
- ☒ [X] Assignment of the invention to Siemens Energy & Automation, Inc..

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021104

- ☒ Assignment Recordation Cover Sheet.
- ☒ Check in the amount of \$40.00 for Assignment recordation.
- ☒ Information Disclosure Statement.
- ☒ Form PTO-1449 with copies of 21 listed reference(s).
- ☒ Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00 =	\$770.00
Total	20	-	20 = 0	x \$18.00 =	\$0.00
Claims:					
Independents	3	-	3 = 0	x \$86.00 =	\$0.00
:					
If any Multiple Dependent Claim(s) present:			+	\$290.00 =	\$0.00
				SUBTOTAL: =	\$770.00
[]				Small Entity Fees Apply (subtract ½ of above): =	\$0.00
				TOTAL FILING FEE: =	\$770.00

- ☒ A check in the amount of \$770.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 02-11-04

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By 

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